

CLAIMS ONLY

Application Number

70/657845

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend						
1			/									
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Total Indep			/									
Total Depend			14									
Total Claims			15									

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